



NETWORK *Notification*

Notice Date: July 2, 2021
To: Georgia Medicaid Providers
From: CareSource
Subject: EPSDT Referral Codes
Effective Date: September 1, 2021

Summary

CareSource of Georgia requires the referral field indicator (field 24H) be populated when submitting Early Periodic Screening Diagnosis and Treatment (EPSDT) Claims. Per GAMMIS guidelines, the EPSDT Referral Codes must be entered in the shaded area of box 24H of a paper claim or the electronic equivalent. Therefore, CareSource is developing system changes to deny claims missing this required information.

Impact

This change will be implemented September 1, 2021. It may be beneficial for providers who bill for these services to begin adding this information now to avoid claims being denied in the future.

For Paper Claims:

Report the referral field indicator in the upper shaded area of field 24H labeled "EPSDT Family Planning" as follows:

Example 1: If the EPSDT screening did not result in an EPSDT referral: Document NU in the shaded area of box 24H:

- NU - (No follow up visit needed)

Example 2: If the EPSDT screening resulted in an EPSDT referral, enter the appropriate referral code AV, S2, or ST in the shaded area of box 24H:

- AV (Available, Not Used) - Patient refused referral
- S2 (Under Treatment) - Patient is currently under treatment for health problem and has a return appointment
- ST (New Services Requested) - Referral to another provider for diagnostic or corrective treatment/scheduled

For Electronic Claims:

The electronic equivalent to Box 24H is loop 2400 segment SV112- this must be populated with the referral code.

Please note:

- A "Y" for Yes or "N" for No is **not** required with the referral code in the shaded area or in the unshaded area of box 24H.
- This information can be found in the EPSDT Provider Manual on GAMMIS:
https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPSDT%20Services%20Health%20Check%20Program_%2020210323185937.pdf

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Approval Date: 6/25/2021